

USER GUIDE

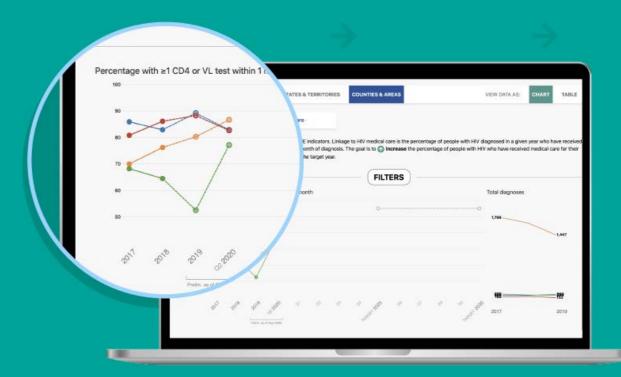








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WHAT IS AHEAD?

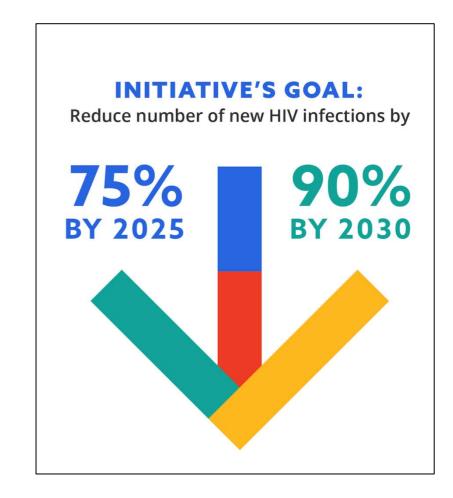
Ending the HIV Epidemic In the U.S.

The *Ending the HIV Epidemic in the U.S.* (EHE) initiative is an operational plan of the U.S. Department of Health and Human Services to end the HIV epidemic in America **by 2030.**

The initiative empowers **local communities** to work together and with the federal government to end the HIV epidemic in America.

The first phase of the initiative will focus on:

48 counties, Washington, DC, and San Juan, Puerto Rico, where more than 50 percent of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas, bringing the total number of Phase I jurisdictions to 57.



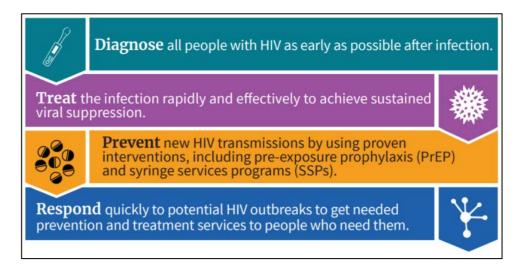
Catalyzing the EHE Mission

 The federal government introduced two programs that will advance the work towards the goal of ending the HIV epidemic in America.





- AHEAD data promotes efforts to understand the communities living with HIV and those at risk.
- By focusing efforts on data transparency and progress,
 AHEAD empowers local stakeholders to both track
 movement towards the goals of the EHE and focus
 additional expertise, technology, and resources required
 to tailor and implement strategies needed to end the HIV
 epidemic in their communities.



What is AHEAD?



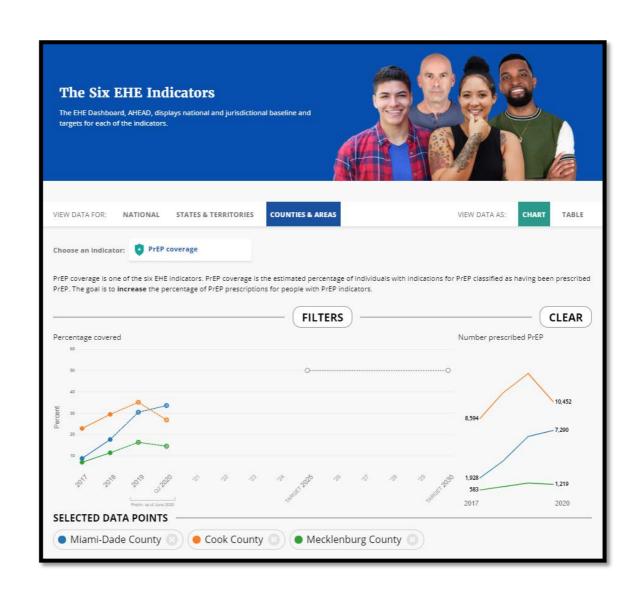




America's HIV Epidemic Analysis Dashboard

is a **resource** for EHE priority areas, communities, and other stakeholders to **monitor progress** towards ending the HIV epidemic locally, **effectively coordinating responses**, and **collectively reducing the number of new HIV transmissions** by 90% by 2030.

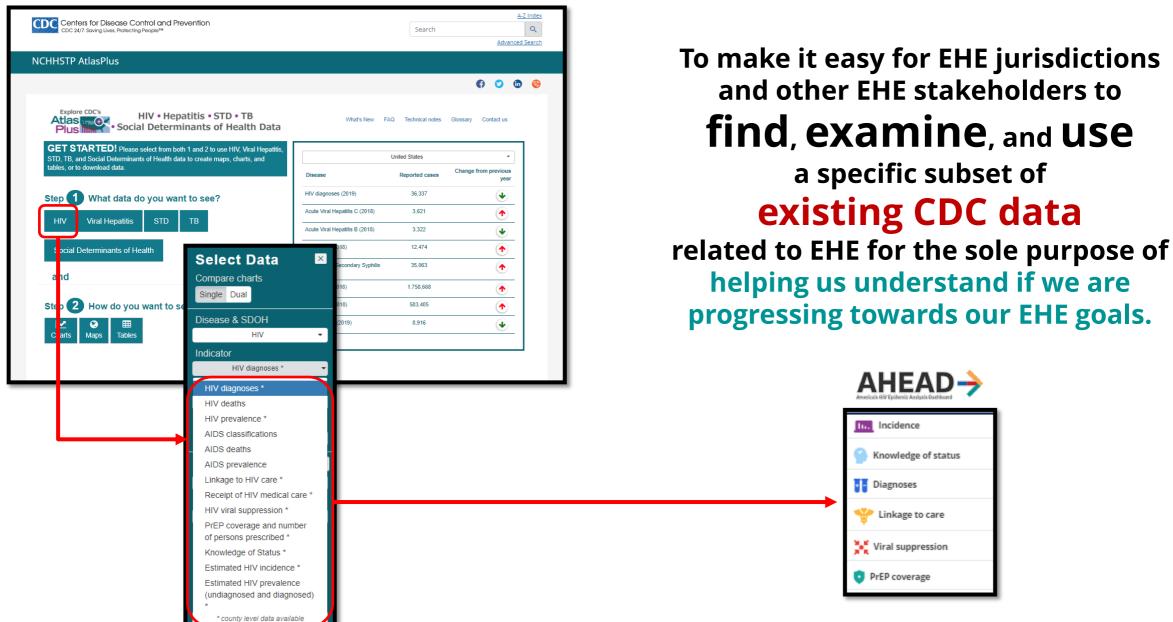
- Standardizes the six indicators for Ending the HIV Epidemic initiative
- Displays the most up-to-date CDC data, with quarterly and yearly updates
- Tracks progress towards official EHE goals, at 3 geographic levels



What is the Purpose of AHEAD?







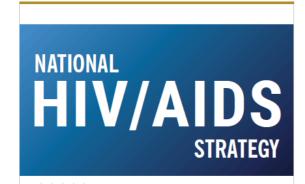
How does AHEAD fit into the Big Picture?







The National HIV/AIDS Strategy (2022-2025) is a **government-wide roadmap** addressing how to reduce the HIV epidemic.



for the **United States 2022–2025**



- Broader focus across federal departments and agencies beyond HHS
- Covers the entire country and affects all sectors of society
- 4-year timeframe

EHE is an

HHS operational plan

to reduce HIV incidence by 90% by 2030.

Ending the HIV Epidemic

A PLAN FOR AMERICA

- Collaboration between HHS and local, state, federal, and community partners to achieve a common goal.
- Focuses on EHE priority areas
- 10-year timeframe

AHEAD and Ready, Set, PrEP are the two large-scale EHE components working to achieve the EHE mission.





What is AHEAD's Role within EHE?







Map EHE operational strategies with measurable EHE indicators:







Diagnose all people with HIV as early as possible after infection.



Treat the infection rapidly and effectively to achieve sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs).



Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.





INCIDENCE



KNOWLEDGE OF STATUS



OSES LINKAGE TO HIV MEDICAL

CARE



O VIRAL AL SUPPRESSION



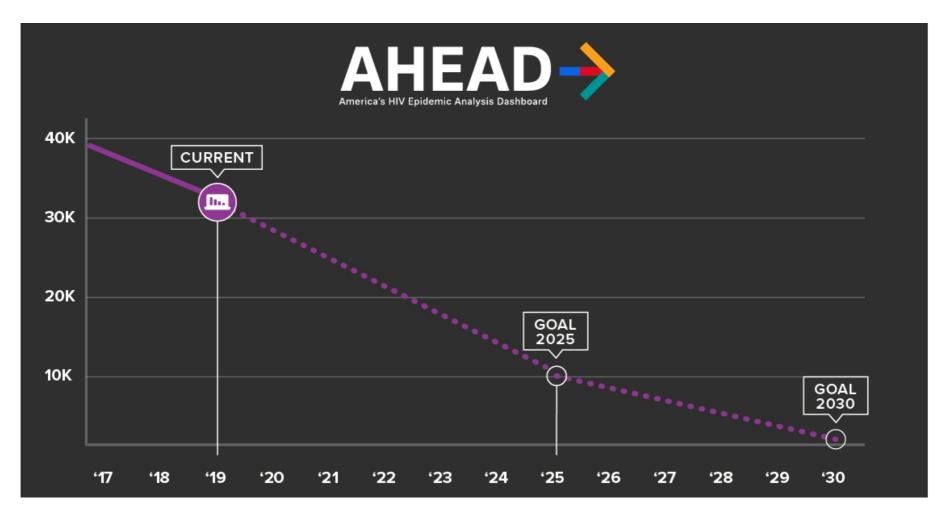
PrEP COVERAGE

What is AHEAD's Role within EHE?





Track progress towards reducing new HIV infections in the United States by 75% by 2025 and 90% by 2030.



Which HIV Indicators are Tracked?







The 6 EHE indicators were chosen with specific public health goals in mind.



Incidence



This indicator measures our overarching goal of reducing new transmissions by 90% by 2030.

Knowledge of Status



Diagnoses



Linkage to HIV Medical Care



These 3 indicators are key to identifying how many people need to be linked to care and represent important steps on the HIV Care Continuum. Data have shown that, upon diagnosis, immediate linkage to care and treatment results in improved HIV outcomes, so it is important to track how these indicators change over time.

Viral Suppression



PrEP Coverage



These 2 indicators will have the greatest impact on reducing new transmissions if they are scaled up.

What Geographic Areas are on AHEAD?







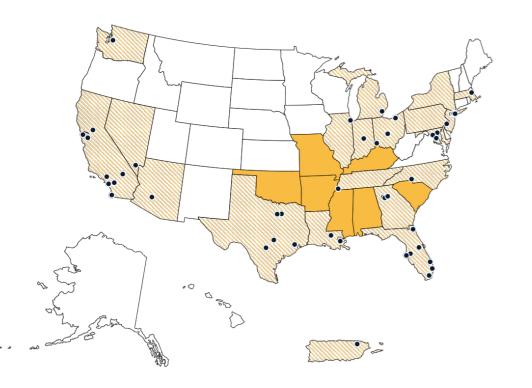
County Data

for EHE priority areas

State Data

for all 50 U.S. states Washington, DC Puerto Rico

National data



Alabama Arizona*

Maricopa County

Arkansas

California*

Alameda County
Los Angeles County
Orange County
Riverside County
Sacramento County
San Diego County
San Francisco County

District of Columbia

Florida*

Broward County
Duval County
Hillsborough County
Miami-Dade County
Orange County
Palm Beach County
Pinellas County

Georgia*

Cobb County
Dekalb County
Fulton County
Gwinnett County

EHE Priority Areas

Illinois*

Cook County

Indiana*

Marion County

Kentucky

Louisiana*

East Baton Rouge Parish Orleans Parish

Maryland*

Baltimore City
Montgomery County
Prince George's County

Massachusetts*

Suffolk County

Michigan*

Wayne County

Mississippi

Missouri

Nevada*

Clark County

New Jersey*

Essex County
Hudson County

New York*

Bronx County Kings County New York County Queens County

North Carolina*

Mecklenburg County

Ohio*

Cuyahoga County Franklin County Hamilton County

Oklahoma

Pennsylvania*

Philadelphia County

Puerto Rico*

San Juan Municipio

South Carolina

Tennessee*

Shelby County

Texas*

Bexar County
Dallas County
Harris County
Tarrant County
Travis County

Washington*

King County

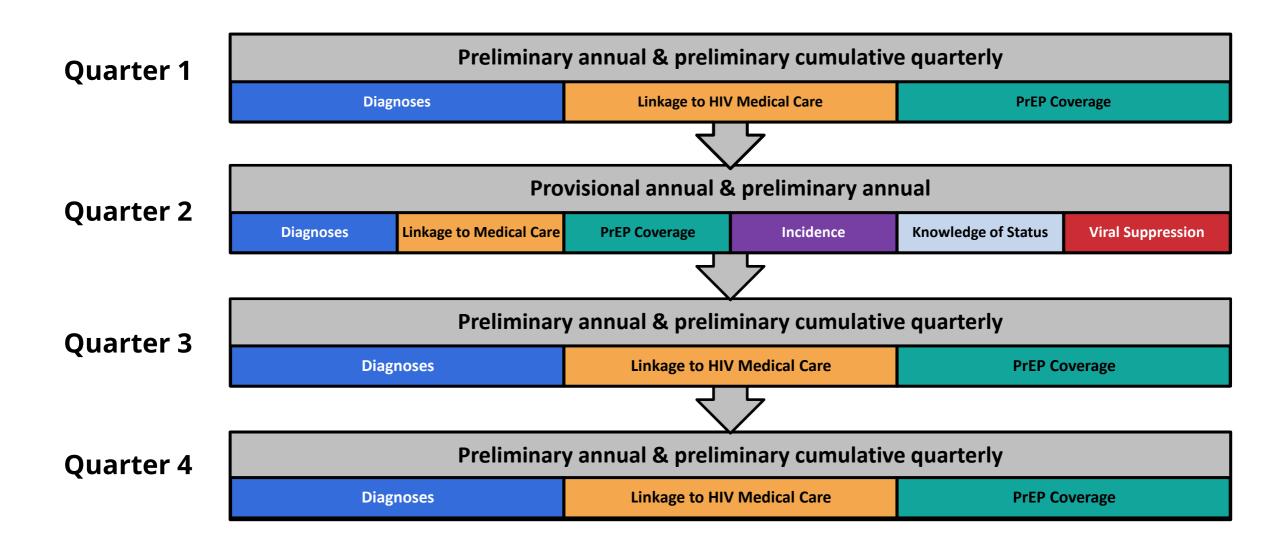
*Non-priority state with EHE priority county

How Often are the Data Updated?









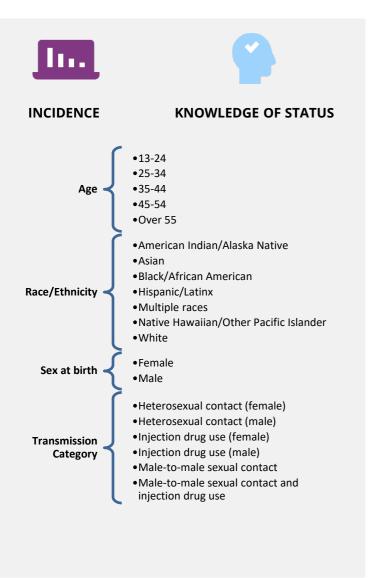
What Demographics are Available?

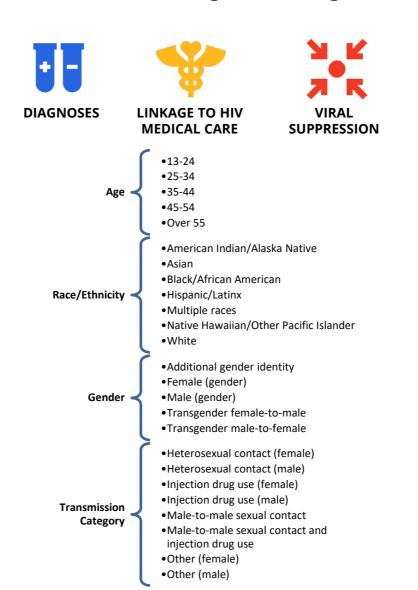


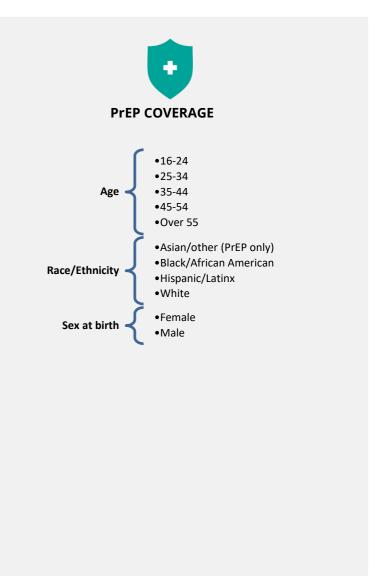




At the national level, the following data categories are available:





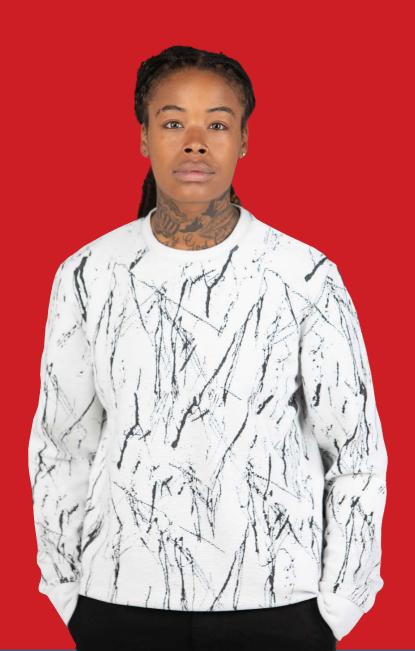


What are the EHE Goals?





		By 2030	National	State/Territory/County/Area
li.	Incidence	By 90%	3,000 people	Numeric goal is specific to the jurisdiction
••	Diagnoses	By 90%	3,000 people	Numeric goal is specific to the jurisdiction
~	Knowledge of Status	To 95%	95%	95%
***	Linkage to HIV Medical Care	To 95%	95%	95%
N K	Viral Suppression	To 95%	95%	95%
•	PrEP Coverage	To 50%	50%	50%





Why Use AHEAD?

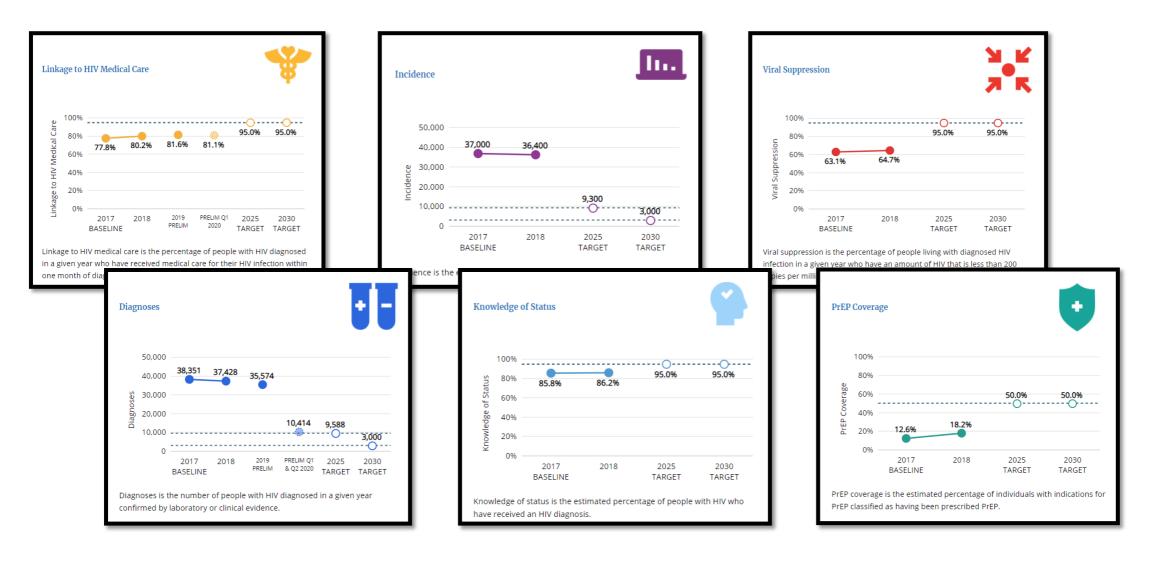
Data-Driven & Goal Oriented







AHEAD is a data-driven effort and the only HIV dashboard to compare progress and official EHE goals



Based on Feedback from Audience Input







Since August 2019, feedback has been collected from major stakeholder groups to provide input on what data and features would be most helpful to make progress towards ending the HIV epidemic in America.



Jurisdictional Comparisons

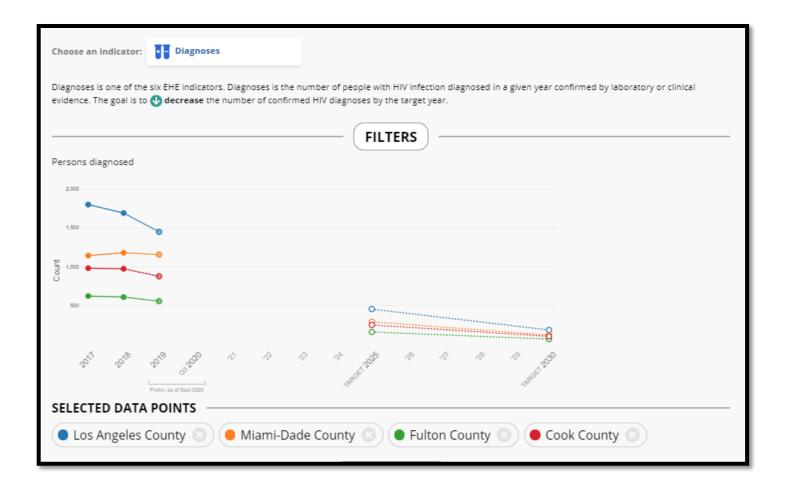






Standardized Data for Comparisons

- Standardized CDC data— allows users to customize and compare multiple jurisdictions (even from different states) on the same graph
- Suggestions of similar jurisdictions based on EHE progress— Machine learning that helps users identify jurisdictions that are making similar progress across all 6 indicators



New Data Quarterly







New Data

• Data updated on a quarterly basis for diagnoses, linkage to care, and PrEP coverage



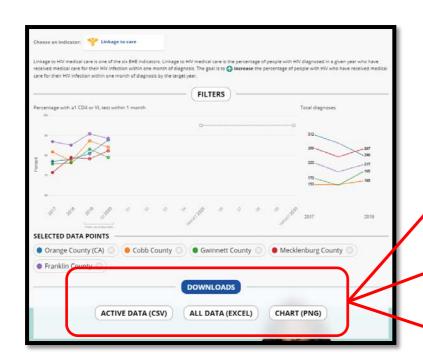
Multiple Download Options



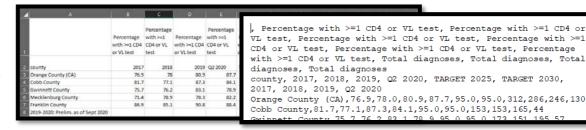




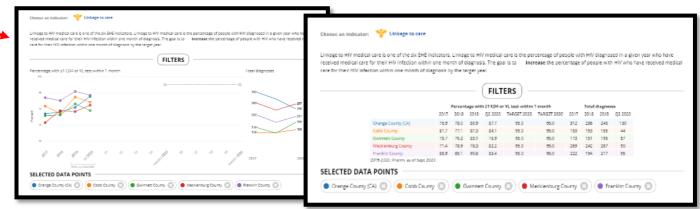
Tailor data downloads, including graphs and selected data points to use in plans, presentations, and reports.



User-selected data downloads available in CSV, Excel, and graph image (PNG).



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rnia	da	190	261	60	329	100	405	20	330	50	20	6000	11.0	5300	0000	5045	116	05.7	70.5	100.0	6300	12.0	5300	8600	6010	12.7	06.0	702	100.0	- 95
	Los			- 00	34.0		40.0		330		- 20	-	100	3300	0.000	3040	100	00.1	10.5	100.0	0.000	4.0	3300	-	0013	4.1		102		
	Angel	1500	12.8	1100	1900	1400	15.7	950	1800	380	150	54000	3.8	50000	58100	48364	3.9	89.5	83.2	96.8	54900	4.2	50300	59400	43184	4.2	89.7	82.9	97.7	95
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	Count	290	29.0	130	460	270	35.3	80	460	70	30	8000	10.2	6400	9600	6738	10.6	84.2	70.2	100.0	8200	112	6400	10000	6836	m.7	83.6	68.5	100.0	- 95
	side	280	30.1	110	440	280	34.7	90	470	70	30	10100	8.0	8500	11700	8478	8.3	84.0	72.6	99.8	10200	8.9	8400	12000	8989	9.2	88.1	74.9	100.0	95
	mento Count	230	92.6	80	300	100	44.0	20	999	60	20	5000	10.2	2700	6200	4154	14.1	93.9	66.6	100.0	5100	14.4	3600	6500	4249	15.0	03.9	65.4	100.0	95
	San Berna rdino Count	260	31.0	100	420	260	36.1	80	450	70	30	5300	13.0	3900	6600	4077	13.9	77.4	61.7	100.0	5500	94.3	3900	7000	4426	15.5	80.9	63.2	100.0	95
	San Diego Count	400			620	440		200	630	120	50	500			17300	12071						7.0			13040	80	84.4		99.7	







How to Use AHEAD

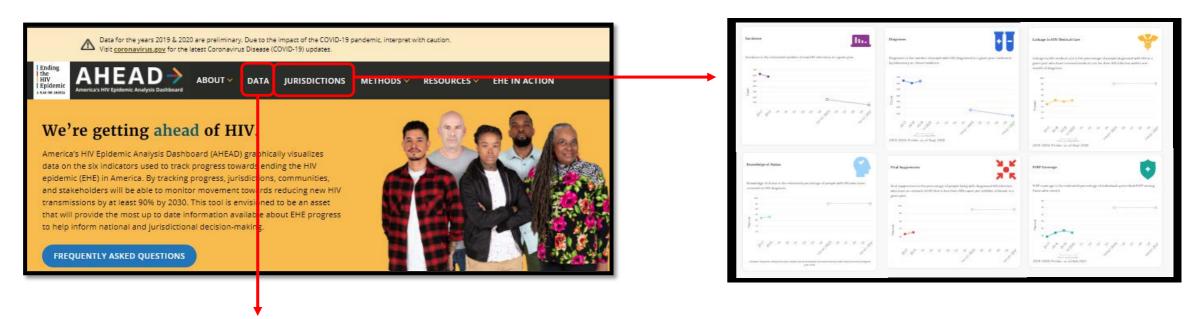
Getting to the Data

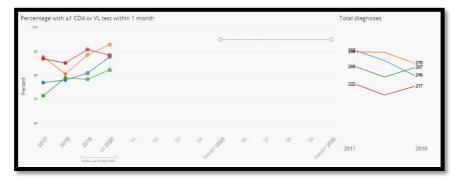






Data are housed in two places on AHEAD:





1. Data page

- Displays interactive graphs
- Best used for comparisons
- Only 1 indicator can be viewed at a time

2. Jurisdictions pages

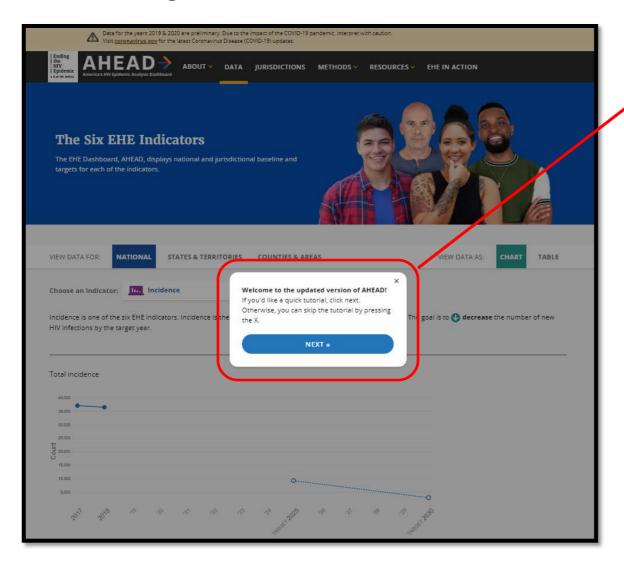
- Displays all 6 indicators for the selected jurisdiction
- Best for a high level overview of one location
- Only 1 location can be viewed at a time

Tutorial Prompts





The Data Page



Upon first visit to the *Data* page, a pop-up will appear to provide a quick walk-through on how to interact with the graph.

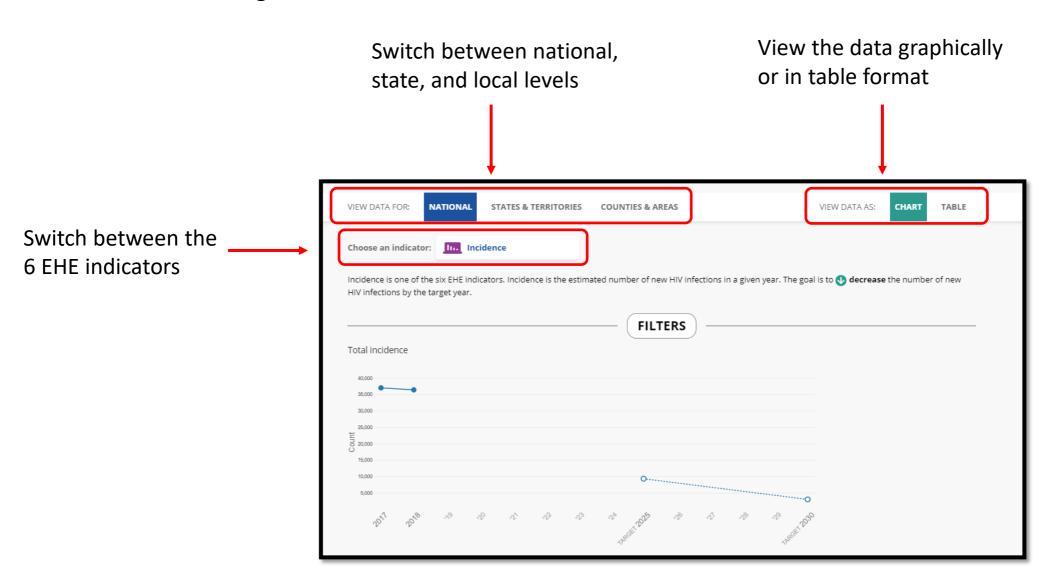
Graph Navigation







These selections will change what filters are available:



National Data Filters

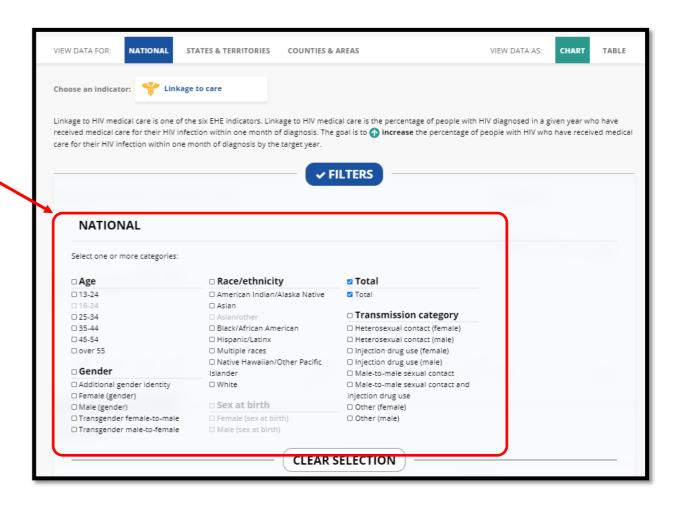






At the national level, users can filter by categories such as age, gender/sex, race/ethnicity, and transmission category.

The default is to show total, or overall, national data.



State/Territory Data Filters







EHE Priority state, States with EHE Counties, and Other states can be compared on the same graph.

By selecting the whole group (such as "Phase I EHE States"), all states within that group will be auto-selected for comparison.

Select "Filters" to see the graph.

noose an indicator: Linkage to	care		
nkage to HIV medical care is one of the s	ix FHF indicators. Linkas	ze to HIV medical care is the percentage of per	ople with HIV diagnosed in a given year who have
ceived medical care for their HIV infection	on within one month of	diagnosis. The goal is to <mark> increase</mark> the perc	entage of people with HIV who have received me
re for their HIV infection within one mor	nth of diagnosis by the ta	arget year.	
		→ FILTERS	
STATES			
Select one or more states:			
▶ ☑ Phase I EHE States	□ Georgia	□ Texas	□ Montana
	□ Illinois	□ Washington	□ Nebraska
☑ Alabama ☑ Arkansas	□ Indiana	2 Westington	□ New Hampshire
	□ Louisiana	□ Other	□ New Mexico
Minimizer	☐ Maryland	□ Alaska	□ North Dakota
✓ Mississippi ✓ Missouri	☐ Massachusetts	□ Colorado	□ Oregon
☑ Nilssouri ☑ Oklahoma	□ Michigan	□ Connecticut	□ Rhode Island
☑ Oklanoma	□ Nevada	□ Delaware	□ South Dakota
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□ States/Territories with Phase I EHE Counties/Areas	□ North Carolina		□ West Virginia
□ States/Territories with Phase I EHE Counties/Areas □ Arizona	□ North Carolina □ Ohio	□ Kansas	□ West Virginia
□ States/Territories with Phase I EHE Counties/Areas	□ North Carolina □ Ohio □ Pennsylvania	□ Kansas □ Maine	□ Wisconsin
□ States/Territories with Phase I EHE Counties/Areas □ Arizona	□ North Carolina □ Ohio □ Pennsylvania □ Puerto Rico	□ Kansas	_
States/Territories with Phase I EHE Counties/Areas Arizona California	□ North Carolina □ Ohio □ Pennsylvania	□ Kansas □ Maine	□ Wisconsin

County/Area Data Filters



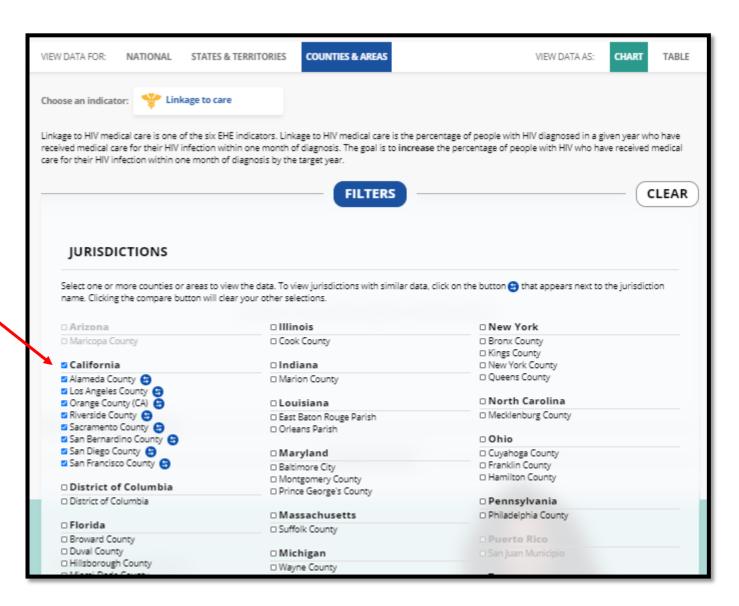




EHE priority counties/areas can be viewed on the same graph as well, whether they are in the same state or not.

By selecting the whole group (such as "California"), all counties within that group will be autoselected for comparison.

Select "Filters" to see the graph.







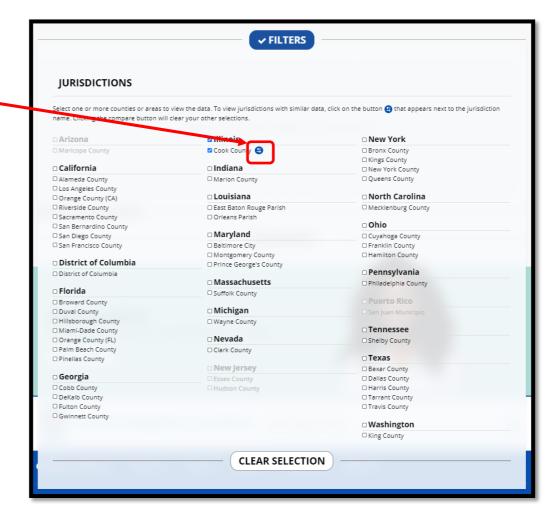


The Similar Jurisdiction Functionality was designed based on stakeholder requests to easily identify and compare similar EHE jurisdictions.

The "Show Similar Jurisdiction" functionality identifies the three most similar EHE counties/areas based on a jurisdiction's EHE progress across all six indicators.

Similar jurisdictions may be different along some indicators but will not be significantly different along all of them.

These similar jurisdictions may be interested in communicating with and exploring similar strategies in order to better achieve EHE goals.



Similar Jurisdiction Functionality (continued)



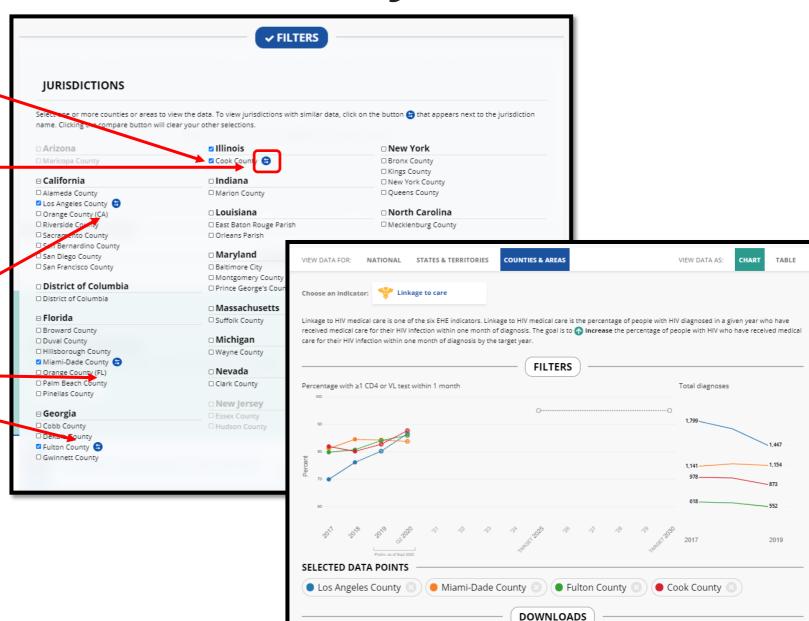




Select the checkbox of one county/area.

Then select the blue arrows button to the right of that county.

Three other counties/areas will auto-select based on similar EHE progress.



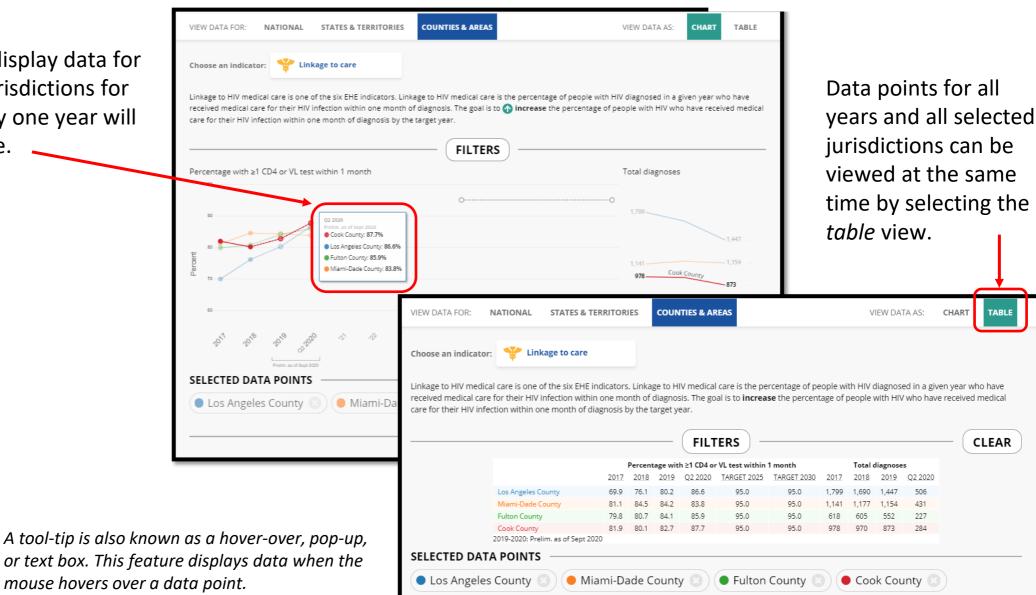
Tooltips







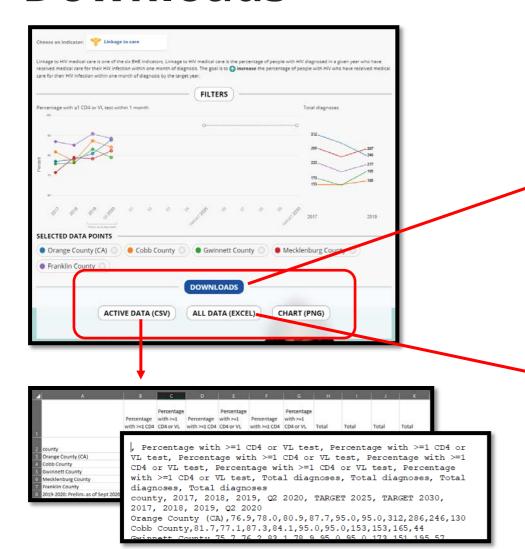
Tool tips will display data for all selected jurisdictions for that year. Only one year will show at a time.



Downloads





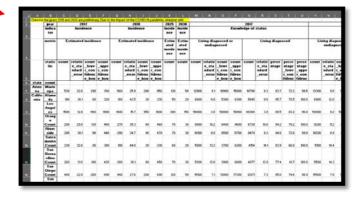


Active data will only download the data currently shown on the screen. It can be downloaded as a CSV (typically used by data scientists) or as an Excel document for easy-viewing.

Under the graph, select the downloads button.



An image of the graph and table can be downloaded to use in reports and presentations.



A formatted Excel document of all data available on AHEAD can be downloaded. This includes some data (such as confidence intervals) not displayed in the table view.

Jurisdiction Pages

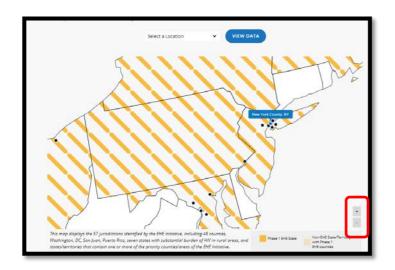
An individual jurisdiction page can be viewed by:

Selecting from the drop-down and "View Data".

Jurisdictions are organized alphabetically by state/territory name, then by county/area name within.

Selecting a state/territory or a pinpoint on the map.

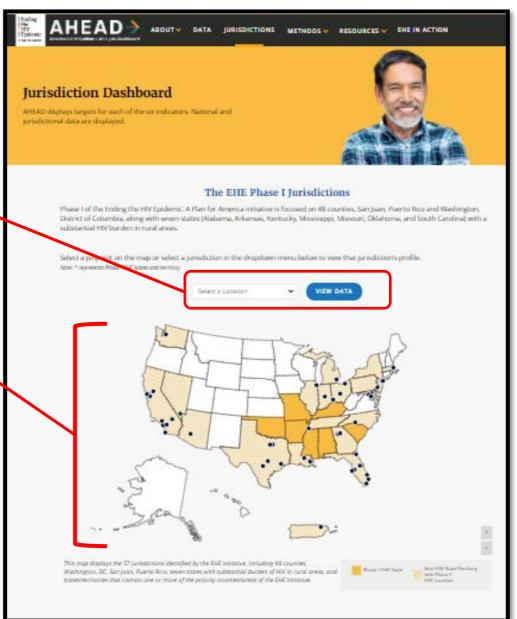
The map can be zoomed in to clearly see/select areas that are closely clustered geographically.











Jurisdiction Pages

All 50 U.S. states, 48 EHE counties, Puerto Rico, San Juan, and Washington D.C. are viewable.

Not all locations have complete data for all indicators. Some locations will have a footnote that states:

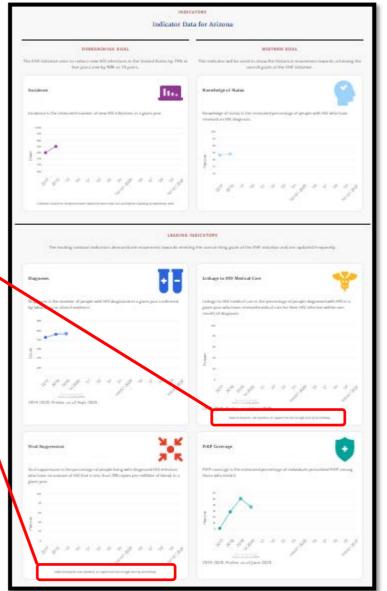
Data incomplete, not reported, or suppressed due to high level of uncertainty.

- Some states don't have complete laboratory data (at least 95% of lab results reported to surveillance programs and transmitted to CDC) or don't have laws requiring complete reporting.
- States that don't have enough data are not reported because of reliability concerns. (For instance, PrEP prescription data values <40 are not displayed).
- Areas with relative standard errors of 30-50% are displayed but should be interpreted with caution. Estimates with an RSE >50% are not down due to a high level of uncertainty.









We Welcome Your Questions & Feedback











Technical Methodologies

Featurization

A data frame consisting of important features that have similar variance and low correlation is constructed and rescaled in a way that will not attribute too much importance to any single feature. This is necessary because clustering algorithms typically will not rescale the data. The goal is to include no more than one feature per EHE indicator.

Aggregation

Step 1- Estimates and goals data are ignored for the purpose of this analysis. 2019 preliminary data, 2020 preliminary data, 2025 goal data, and 2030 goal data are dropped.

Step 2- Data is reduced by taking the mean of all time series segments. In other words, for each pair of 2017 and 2018 data points, the mean is used, and the original figures are dropped.

Note: Ignoring 2017 figures in favor of 2018 figures was considered, but ultimately decided against, as this introduced an unnecessarily large number of missing values.







Technical Methodologies

Clustering Methodology

The goal is to show local public health officials which jurisdictions are like their own regarding EHE progress.

A *brute-force nearest-neighbors* approach is used to quickly and easily show each jurisdiction the top k most similar jurisdictions to their own. We chose k = 3 and ran the algorithm on the features data frame shown on the previous slide.

The distance metric for the clustering algorithm is the Euclidean distance. The clustering algorithm computes a Euclidean distance matrix of size N-by-N for N counties. The nearest neighbors to county A and the k = 3 closest counties to A according to the distance matrix.







Technical Methodologies

Transformation

A simple *log transform* is applied for quantity variables in order to make the distance between 100 and 1,000 appear the same as the distance between 1,000 and 10,000. This will transform the distribution of values from having an approximately log-normal appearance to an approximately normal appearance.

A log odds ratio transform is applied for percentage variables. It transforms variables from a domain of [0, 100] to a range of $(-\infty,\infty)$. The log odds ratio transform is as follows for a variable bounded between 0 and 100.

$$x' = \log(\frac{x}{100 - x})$$

Missing Values

Mean-imputation is used on features to fill in missing values. A total of 10 values out of 250 total values were missing and then imputed.